

MOUNTAIN VIEW CENTER FOR THE PERFORMING ARTS
REQUEST FOR BOOKING
FOR
HOME COMPANIES

Licensee: _____ Primary Contact/Title: _____

Brief Description of Booking: _____

Title of Show You Are Proposing: _____ Number of Performers: _____

Please list your load-in date, opening date and closing date.

Date can either be listed here in preference order or on attached sheet.

Please list at least two (2) alternate date ranges for each arrangement.

Select the space you are requesting:

Will tickets be sold? ☐ Yes ☐ No

Estimated ticket price? _____

Pre- or post-performance activities or receptions planned?

☐ Yes ☐ No

(If yes please fill-out a Reception Booking Request form)

Lighting needs:

Sound needs:

Someone speaking? ☐ Yes ☐ No

Prerecorded sound? ☐ Yes ☐ No

Live music reinforcement? ☐ Yes ☐ No

Will there be a set on stage? ☐ Yes ☐ No

Will you need the main curtain? ☐ Yes ☐ No

Will you need a piano? ☐ Yes ☐ No

IF YES: ☐ Grand ☐ Upright

Is there anything unusual about this arrangement?

☐ Yes ☐ No

Note: Center may book over any dark days within multiple-day runs.

Contact Center Booking Coordinator, 650-903-6556 for availability. Center fax: 650-962-9900

For office use only:

Arrangement type: Performing Arts Non-performing Arts Door code: _____ Date Booked: _____